

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12887

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>858</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Affton</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Affton</u> <u>479 9</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#2 Grantwood Lane</u>				e. STREET ADDRESS (If rural, give location) <u>#2 Grantwood Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathias</u>		b. (Middle) <u>N.</u>		c. (Last) <u>Weiss (Weis)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/20/53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Sept. 22, 1892</u>	
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 14 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (If kind of work is not known, give general occupation) <u>Unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Store Mounter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mathias Weiss</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wandel</u>		14. NAME OF HUSBAND OR WIFE <u>Opal</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clara Lambeth-#2 Grantwood Lane Affton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Syphilis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 years</u> <u>15 years</u>	
19a. DATE OF OPERATION <u>3/21/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>334 x B I A K</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 2, 1951</u> , to <u>Mar 20, 1953</u> , that I last saw the deceased alive on <u>May 79, 1953</u> , and that death occurred at <u>9:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Sainsbury M.D.</u>				23b. ADDRESS <u>3548 Sidney St</u>		23c. DATE SIGNED <u>3/21/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>Hubert G. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker-Heldre</u>		ADDRESS <u>3634 Gravois Ave.</u>	

Licensed Embalmer's Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED APR 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert C Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.